ODEQ LQG ID numbers that were closed in RCRIS based on EPA-State research - July, 2000:

These sites were originally assigned an ID number in HWDMS (pre-RCRIS) and then sometime in the later years re-notified for some change (ownership??), and were given a new ID number in HWIMSy instead of having their current ID number's information updated. The result is that these facilities have two active RCRIS ID numbers. The newer ID number is currently being tracked in HWIMSy and RCRIS. The older ID number is only in RCRIS, and because ODEQ is authorized for the Handler module, this makes the older ID numbers invalid. Region 10 deactivated the older ID numbers, after cross-referencing both ID numbers to each other. Records for both sites will be compiled.

| Old ID # | Old Name | New ID # | New Name | Address |
|--------------|--------------------------------|--------------|-------------------------|-------------------------------|
| ORD046260741 | Lile International Co | ORQ000003848 | Nike IHM | 15705 SW 72nd Ave |
| ORD000812891 | CALGON CORP | ORD990659492 | Rhone Poulenc | 6200 NW ST Helens Rd |
| ORD980980288 | John Day Svc Ctr | ORD980981575 | OR Trail Electric Coop | West Hwy 3/4 Mi W of John Day |
| ORD009038399 | KOGAP MFG CO | ORQ000009035 | Kogap Enterprises Inc | 2080 S Pacific Hwy |
| ORD061482519 | Lilly Industrial Coatings Inc | ORD000711564 | Ashland Chemical Co | 619 SW Wood St |
| OR1170090095 | LSC Marine Inc USNS Wilkes | ORD097005425 | Dillingham Ship Repair | Dillingham Yard Swan Island |
| ORQ000004077 | ODEQ Astoria Plywood | ORD009033846 | ODEQ Astoria Plywood | 409 23rd St |
| ORD009024829 | Sol Pro Div of Spe De Way Prod | ORD980836761 | Wood Kote Products Inc | 8000 NE 14th Pl |
| ORD054268388 | Suburban Door Co | ORD980834386 | Dimensional Fabricators | 11120 SW Industrial Way |
| ORD000641647 | Texaco USA A Division | ORR000000869 | Texaco Refining & Mktg | Prarie & Bushell Rd |
| OR0170000061 | USNAVY Tongue Pt NAS | OR2161630643 | USDOT Tongue Pt NAS | Hwy 30 Btwn MP 95 & 96 |
| ORT420010068 | USWCOM Pendleton 5XB | ORD000641043 | USWCOM Pendleton | 237 SW 1st St |
| | | | | |

Additional OR LQG sites that should have been closed in RCRIS based on file reviews:

ORD 08859 8123 CARON CHEMICAL INC 8600 SUVER RD MONMOUTH - Notification file has the original 7/30/80 notification and acknowledgment forms. Facility files show 1981 waste sampling lab results; a 1981 determination that this site may be a Superfund site; 1981 remedial action paperwork; chronology of events from 6/80 to 3/81; a 1981 signed clean-up agreement between ODEQ, EPA and company; and various other supporting documents to the contamination at the site. Summaries indicate that the site was a closed chemicals company uncergoing CERCLA clean-up. CONTACTED REGION 10 CERCLA STAFF AND VERIFIED THAT SITE CLEAN-UP IS COMPLETE.

ORD 00080 1332 ALLEGHENY INDUSTRIAL CO INC 12TH & PACIFIC NEWBERG - Notification file has the original 8/18/80 notification and acknowledgment forms; and a 3/82 request by the company to cancel their ID number because they vacated site and sold the building to Publishers with no known hazardous waste problems. EPA file is stamped inactive. CLOSED ID NUMBER IN RCRIS.

ORT 42001 0290 ANTELOPE R 7.4 MILES SSE OF ANTELOPE - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. **CLOSED ID NUMBER IN RCRIS.**

ORT 42001 0308 BORING R 1.6 MI NNW OF BORING - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. CLOSED ID NUMBER IN RCRIS.

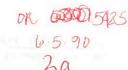
ORT 42001 0316 BROGAN R 6.7 MI W OF BROGAN - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. CLOSED ID NUMBER IN RCRIS.

ORT 42001 0332 MAUPIN RS 9.7 MI SSE OF MAUPIN - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. CLOSED ID NUMBER IN RCRIS.

ORT 42001 0324 JOHN DAY RS 4.3 MI SW OF JOHN DAY - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. CLOSED ID NUMBER IN RCRIS.

OR3 21080 0048 USARMY COE PORTLAND DIST OPS DIV E RIVER RD RM 190 THE DALLES - Notification file has only the ODEQ 12/7/92 notification and acknowledgment forms. This is an ACOE Dredging project on the Dalles dam. <u>CLOSD ID NUMBER IN RCRIS</u>.

ORT 42001 0357 PINE GROVE R 6.8 MI ENE OF WAPANITIA - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. CLOSED ID NUMBER IN RCRIS.





NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

PLEASE REFER TO THE INSTRUCTIONS AND GUIDANCE DOCUMENT, SEVEN STEPS FOR IDENTIFYING HAZARDOUS WASTES, BEFORE COMPLETING THIS FORM. THE INFORMATION REQUESTED HERE IS REQUIRED BY OREGON ADMINISTRATIVE RULE 340-102-012 THIS FORM IS USED IN LIEU OF EPA NOTIFICATION FORM 8700-12 IN THE STATE OF OREGON.

OFFICIAL USE ONLY DEQ 102-012-89 DATE RECEIVED

| 1. NAME OF SITE | DATE RECEIVED |
|---|--|
| NAME SUPERVISOR OF SHIPBUILDING USN | AND STATE OF THE S |
| | ETE NAME FROM LIST |
| 3. DEQ/EPA IDENTIFICATION NUMBER | |
| F BUSINESS INSTALLATION HAS DEQ/EPA ID NUMBER | LOVE STRANGE CONTRACTOR OF THE STREET |
| ENTER HERE 12 digit number) | RECEIVEM |
| 4. REASON FOR NOTIFICATION | JUI 0 5 1990 D |
| MARK ONE BOX ONLY) REQUEST IS TO | Hazardous & Solid Waste Division |
| 1. OBTAIN DEQ/EPA ID NUMBER 2. WITHDRAW DEQ/EPA ID NUMBER 4. REACTIVATE DEQ/EPA ID 5. UPDATE NOTIFICATION | NUMBER Department of Engineental Quality |
| 5. SITE INFORMATION | MEGENVEN |
| A. PHYSICAL LOCATION OF SITE | D. CONTACT AT THE SITE |
| STREET ADDRESS 5555 N CHANNE AVE BLDG 2 | NAME JUN 18 1980 DAWNN & PIPER |
| MULT HOWALL | SAFETY MANAGER |
| PORTLAND OR 97217 | 2065263378 (WITH AREA CODE) |
| B. MAILING ADDRESS OF SITE | E. STANDARD INDUSTRIAL CODE (SIC) (REFER TO ENCLOSED SIC LISTING) |
| SUPERVISOR OF SHIPBUILDING USW | 3731 PRIMARY SECONDARY #2632 |
| SEATTLE WA 98115-5003 | F. SITE CLASSIFICATION (SEE INSTRUCTIONS FOR EXPLANATION) CCEPA WWR Gen |
| C. LEGAL OWNER OF SITE | IDENTIFY ONE CATEGORY FOR EACH "TYPE" |
| WEST STATE INC | (MARK ONE BOX) ON EACH LINE) |
| 5555 N CHANNEL AVE BLAG 2 | OWNER TYPE |
| P.O. BOX | OPERATOR TYPE X |
| PORTLAND OR 97217 | assaurance a material particular |

| 6. TYPE OF HAZAHDOUS WASTE ACTIVITY | ☐ 3. BURNER (INDICATE TYPE OF COMBUSTION DEVICE) |
|---|---|
| A. HAZARDOUS WASTE TRANSPORTERS (FOR TRANSPORTERS ONLY) 1. TYPE OF TRANSPORTER (MARK APPROPRIATE BOX(ES)) a. FOR OWN WASTE ONLY b. FOR COMMERCIAL PURPOSES 2. MODE OF TRANSPORTATION a. AIR b. RAIL c. HIGHWAY d. WATER e. OTHER | TYPE OF COMBUSTION DEVICE (MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH HAZARDOUS WASTE FUEL IS BURNED) a. UTILITY BOILER b. INDUSTRIAL BOILER c. INDUSTRIAL FURNACE d. OTHER (PLEASE SPECIFY): YES NO |
| VES NO B. HAZARDOUS WASTE GENERATOR VES NO C. HAZARDOUS WASTE TREATMENT (NOTE. PERMIT MAY BE REQUIRED.) VES NO D. HAZARDOUS WASTE STORAGE (NOTE: PERMIT MAY BE REQUIRED.) VES NO E. HAZARDOUS WASTE DISPOSAL (NOTE: PERMIT MAY BE REQUIRED.) VES NO F. HAZARDOUS WASTE RECYCLER VES NO G. MARKET OR BURN HAZARDOUS WASTE FUELS (MARK APPROPRIATE BOXES) 1. GENERATOR MARKETING TO BURNER | H. USED OIL FUEL ACTIVITIES (MARK APPROPRIATE BOXES) 1. GENERATOR MARKETING TO BURNER 2. OTHER MARKETER OF OFE SPECIFICATION USED OF |
| 7. DESCRIPTION OF HAZARDOUS WASTE - WASTE C | ODE |
| A. LISTED HAZARDOUS WASTE (SEE 40 CFR 261.30-33) USE ADDITIONAL S | HARMON OF ARRIVANCE INCIDENT AND ARRIVANCE TO THE PROPERTY OF |
| K K K K | F F COI F F |
| P P P P | UUUUUU |
| CORROSIVE | D008 D012 D016 D009 D013 D017 D010 D014 D011 D015 ER - SEE INSTRUCTIONS) OTHER (PLEASE SPECIFY) USE ADDITIONAL SHEETS IF NECESSARY |
| 8. HAZARDOUS WASTE GENERATOR STATUS | COMPLETE IF APPLICABLE) |
| (MARK ONE ONLY) DETERMINE MAXIMUM AMOUNT OF HAZARDOUS WASTE GENERATE | D IN ANY ONE CALENDAR MONTH |
| | cleanup debris |
| SQG (Quantity Generator) • generate more than 220 pounds and le waste | ess than 2,200 pounds of hazardous waste ess than 2,200 pounds of spill cleanup debris containing hazardous total of 2,200 pounds of hazardous waste on-site |
| • generate 220 pounds or less of hazard • generate 220 pounds or less of spill of • generate 220 pounds or less of spill of • generate 2.2 pounds or less of acutely • accumulate, at any time, up to 2,200 p (NOTE: RESPONSE IS OPTIONAL FOR CONDITION | eanup debris containing hazardous waste hazardous waste ounds of hazardous waste on-site |
| 9. CERTIFICATION SIGNATURE | G/ Pic 6-5-90 |
| DANK E. PIPER DE DANKE SAF | ETY S COUPATIONAL HEALTH MANAGER |
| NAME (please print or type) I certify that the information provided herein and a | OFFICIAL TITLE DATE SIGNED Depended hereto is true and accurate to the best of my |

knowledge, information and belief. Title 18 U > S > C > 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false or fraudulent statements as to any matter within its jurisdiction.

May 22, 1990

Kelly, We need to be careful on these!

SUPERVISOR OF SHIPBUILDING USN - Contact: Danny E Piper (206) 526-3378

I. The property is owned by Port of Portland. The address is shared by at least 8 other registered generators at this time. There will be more.

II. At this time, the navy is applying for co-generatorship, but with their own numbers, for the sites currently registered to Cascade General and Northwest Marine (Iron Works Inc). There will be additional applications in the future.

This is where it gets tricky.

Cascade General has never registered with DEQ. We have nothing in our data system and no file. They do not report quarterly. If they applied directly to you, we'd appreciate a copy of their notification form. Their number on the Region Ten Report is ORD180761934 which is tied specifically to Bldg. 71.

DEQ knows Cascade General only because it bought Dillingham Ship Repair which lists the general site location of 5555 N Channel Ave. Dillingham's EPA No. is ORD097005425. I have asked Cascade to update generator info.

The Navy asks to be registered to generate in all Cascade General Space. Is that one number or two?

The second navy application is for co-generatorship with NorthWest Marine (Iron Works Inc) - I asked them to update their generator info also -- at 6000 North Channel Avenue. Again, they want their own number.





NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

NLY

| NEIL GOLDSCHMIDT GOVERNOR | BEFORE COMPLETING TH | IS FORM. THE INFORMATION | ICE DOCUMENT, <u>SEVEN STER</u> ON REQUESTED HERE IS REQ FORM 8700-12 IN THE STATE (| UIRED BY OREGON ADM | |
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| MARK ONE BOX ONLY) REQUEST IS TO | | | | c Galla Micro | e Division |
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| (MARK ALL APPROPRIATE BOX(ES)) VES NO A. HAZARDOUS WASTE TRANSPORTERS (FOR TRANSPORTERS ONLY) 1. TYPE OF TRANSPORTER (MARK APPROPRIATE BOX(ES)) X a. FOR OWN WASTE ONLY D. FOR COMMERCIAL PURPOSES 2. MODE OF TRANSPORTATION a. AIR D. B. RAIL X C. HIGHWAY D. WATER D. OTHER VES NO B. HAZARDOUS WASTE TREATMENT (NOTE OF SOURCE OF SOUR | □ 3. BURNER (INDICATE TYPE OF COMBUSTION DEVICE) TYPE OF COMBUSTION DEVICE (MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH HAZARODUS WASTE FUEL IS BURNED) □ a. UTILITY BOILER □ b. INDUSTRIAL BOILER □ c. INDUSTRIAL FURNACE □ d. OTHER (PLEASE SPECIFY): |
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| F. HAZARDOUS WASTE RECYCLER 1. On-site 2. Off-site | (MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICE OFF-SPECIFICATIONS USED OIL IS BURNED) a. UTILITY BOILER |
| G. MARKET OR BURN HAZARDOUS WASTE FUELS (MARK APPROPRIATE BOXES) | □ b. INDUSTRIAL BOILER □ c. INDUSTRIAL FURNACE |
| ☐ 1. GENERATOR MARKETING TO BURNER | ☐ d. OTHER (PLEASE SPECIFY): |
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| 7. DESCRIPTION OF HAZARDOUS WASTE - WASTE CODE | PERCHANTENEN STATE OF THE PROPERTY OF THE PROP |
| A. LISTED HAZARDOUS WASTE (SEE 40 CFR 261.30-33) USE ADDITIONAL SHEETS IF NECES | SSARY SEEDEL EN HINDINALIA (MILESEEN) EUR |
| K K K F | F FOOL F |
| P P P U | |
| B. CHARACTERISTIC HAZARDOUS WASTE (SEE 40CFR 261.20-24) | Line No. 20 and 10 and |
| G IGNITABLE G | CV 81 788 JOSE |
| (D001) EPTOXIC (MARK SPECIFIC CONTAMINANTS BELOW:) | THE PREMIUM DECEMBER 12 OF THE PROPERTY OF THE |
| CORROSIVE D004 D008 | D012 D016 |
| (D002) D005 D009 | D013 D017 |
| REACTIVE D006 D010 | ☐ D014 |
| ☐ (D003) ☐ D007 ☐ D011 | ☐ D015 |
| C. OTHER WASTES (STATE OR NON-REGULATED WASTES REQUIRING AN ID NUMBER - SEE INSTRU | CTIONS) |
| | The state of the s |
| X 001 | OTHER (PLEASE SPECIFY) USE ADDITIONAL SHEETS IF NECESSARY |
| 8. HAZARDOUS WASTE GENERATOR STATUS (COMPLETE IF AP | PPLICABLE) |
| (MARK ONE ONLY) DETERMINE MAXIMUM AMOUNT OF HAZARDOUS WASTE GENERATED IN ANY ONE C | CALENDAR MONTH |
| generate 2,200 or more pounds of hazardous waste | |
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| Generator • generate more than 220 pounds of spill cleanup de | |
| accumulate, at any time, more than 2.2 pounds of a | |
| • generate more than 220 pounds and less than 2,200 squared or squ | 0 pounds of hazardous waste 0 pounds of spill cleanup debris containing hazardous |
| Generator (Generator) • generate more than 220 pounds and less than 2,200 waste • accumulate, at any time, more than a total of 2,200 | 선생님이 되어도 내려진 그리고 생각이 되었다. |
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| • generate 220 pounds or less of hazardous waste • generate 220 pounds or less of spill cleanup debris | s containing hazardous waste |
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| accumulate, at any time, up to 2,200 pounds of haz (NOTE: RESPONSE IS OPTIONAL FOR CONDITIONALLY EXEMPT) | |
| 9. CERTIFICATION SIGNATURE LA COMPANY | iper |
| DOLLAN E DIDER GAGEN & | PATINIAL LIEATH MAINITE - 17.90 |
| NAME (please print or type) OF | PATIONAL HEALTH WANAGES 5-17-40 FFICIAL TITLE DATE SIGNED |
| | ereto is true and accurate to the best of my |

I certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information and belief. Title 18 U > S > C > 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false or fraudulent statements as to any matter within its jurisdiction.



Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1390 PHONE (503) 229-5696

April 16, 1990

Cascade General, Inc P O Box 4367 Portland, OR 97208 Attn: Loy Kahler, President

> Re: Hazardous Waste Registration Notification Update ORD097005425

Dear Mr Kahler:

Would you be kind enough to update information with regard to the Dillingham Ship Repair site identified by the above captioned EPA number. Our files indicate Dillingham applied for, received and used this number for the site located at 5555 North Channel Avenue, Portland Oregon until the time its properties and operations were sold to Cascade General, Inc., in August 1987. If Cascade is using the site and number, it needs to notify EPA of this change in ownership. If it is not using this number or site, it needs to cancel the site specific number.

The Oregon Hazardous Waste Notification form should be used to provide the Department with updated information about a site. This may include, for example, a change of name or ownership of the company located on the site, or the waste type generated. The EPA number always stays with the site indicated on the form under physical location of site (question #5).

If your company has moved to or acquired a new site, please enter the new site location and indicate that you wish to obtain an ID Number for your new location. Be sure to request cancellation of the number associated with your company's old site if it no longer owns the site or generates or stores hazardous waste on that site. Distinction between present and previous site owners is made through the application/cancellation process of both parties.

Page 2

The packet includes:

- "DEQ Hazardous Waste Fact Sheet For Oregon Generators" this fact sheet gives an overview of hazardous waste generation and management.
- 2 copies of the Notification of Hazardous Waste Activity form and instructions complete and return 1 copy for each different site to:

Department of Environmental Quality Hazardous Waste Section 811 SW Sixth Avenue Portland, OR 97204 Attn: Susan Eidman

Be sure to keep a copy for your files.

- DEQ "Seven Steps for Indentifying Hazardous Wastes" this booklet will help you determine your generator status and the type of waste you generate.
- A booklet from the U.S. Environmental Protection Agency, which contains information about hazardous waste regulations
- Generator fee and reporting requirements from the Oregon Administrative Rules.

This information has been provided to assist you in completing the Notification form. If you need further assistance or information, please contact the DEQ's Hazardous Waste Section, (503) 229-6511, or toll-free in Oregon, 1-800-452-4011.

Thank you for your attention to this matter.

Sincerely,

Susan Eidman Hazardous Waste

MAY 25 1990

WASTE MANAGEMENT BRANCH

Enclosures

Please go to the reverse of this form and provide the requested information

| | •, | | | h.) FOR OF | FFICIAL USE ONLY | |
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| IX. DESCRIPTION OF HAZ | TADDOLLE WAST | CES (continued from | front! | | | 14 19 |
| A. HAZARDOUS WASTES FRO | | | | 40 CED Part 261 31 fo | or and listed barardo | |
| waste from non-specific sou | | | | 140 61 11 1 511 201.51 10 | n each histed hazardot | us |
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| B. HAZARDOUS WASTES FRO specific industrial sources you | DM SPECIFIC SOUR or installation handl | RCES. Enter the four—d es. Use additional sheets | ligit number from 40 CF if necessary. | R Part 261.32 for each | listed hazardous wast | e from |
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| C. COMMERCIAL CHEMICAL stance your installation hand | | | | | 33 for each chemical | sub- |
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| E. CHARACTERISTICS OF NO hazardous wastes your install | | | | esponding to the charact | teristics of non-listed | 1 |
| | | - | | | | |
| 1. IGNITABLE | \{C | 2. CORROSIVE | ∐3. REAC (D003) | TIVE | ☐4. TOXIC (D000) | |
| X. CERTIFICATION | | · 数据 : 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 | Company of the second | | | 99 - W. W. |
| | Class that I have | norsonally avaminad | and an familian wit | h the information of | showisted in this au | -11 |
| I certify under penalty of attached documents, and | | | | | | |
| I believe that the submitte mitting false information, i | ed information is | true, accurate, and c | omplete. I am aware | | | sub- |
| | netuating the poss | | | | | |
| SIGNATURE | | NAME & OFF | FICIAL TITLE (type or | print) | DATE SIGNED | |
| Jan Mary | y . | free 1 | wedit- | | 11-2-21 | - 1 |

EPA Form 8700-12 (6-80) REVERSE





5555

3109

CITY, STATE, ZIP

PORTLAND

97208

P.O. BOX

NOTIFICATION OF HAZARDOUS WASTE ACTIVIT

PLEASE REFER TO THE INSTRUCTIONS AND GUIDANCE DOCUMENT BEFORE COMPLETING THIS FORM. THE INFORMATION REQUESTED THIS FORM IS USED IN LIEU OF EPA NOTIFICATION FORM 8700-12 IN

Mr. Piper says the is address site

·102-012.

ONLY

| | VEI |
|--|--|
| TENAMEDESTIE | (Montheres Marine) |
| NAME | a said this |
| SUPERVISOR OF SHIPBUILDING USN | gave him. I said this you him. I said this is address of West State Inc. |
| 2 DO NOT GENERATE HAZARDOUS WASTE (CHECK BOX IF APPLICABLE) COMPLETE SECTION 5 | another sile he will be |
| 3. DEC/EPA IDENTIFICATION NUMBER | registering later, - I am |
| IF BUSINESS INSTALLATION HAS DEQ/EPA ID NUMBER | constactions is - will |
| ENTER HERE (12 digit number) | REGEIVEIN |
| MARK ONE BOX ONLY) REQUEST IS TO | 1 L MAN 17 1890 W |
| | NUMBER Department of Environmental Quality |
| ESTI=INFORMATION 5/21/90 = 000 | D. CONTACT AT THE SITE MAY 25 1990 |
| A. PHYSICAL LOCATION OF SITE | D. CONTACT AT THE SITE |
| STREET ADDRESS GOOD N Channel Are | DANNY E, PIPER |
| COUNTY | TITLE |
| MULTNOMAH | SAFETY MANAGER |
| CITY, STATE, ZIP PORTLAND OR 91208 | TELEPHONE 2065263378 (WITH AREA CODE) 5/33/9 |
| B. MAILING ADDRESS OF SITE | E. STANDARD INDUSTRIAL CODE (SIC) #2500 |
| STREETIP.O. BOX | 3731 3732 20: |
| CITY, STATE, ZIP SEATTLE WA 98115-5003 | F. SITE CLASSIFICATION (SEE INSTRUCTIONS FOR EXPLANATION) |
| C. LEGAL OWNER OF SITE | IDENTIFY ONE CATEGORY FOR EACH "TYPE" |
| NAME I FROM (1) on Ro | |
| NORTHWEST MARINE | (MARK ONE BOX) ON EACH LINE) |

OWNER TYPE

OPERATOR TYPE

PROPERTY TYPE

X

| 6. TYPE OF HAZARDOUS WASTE ACTIVITY | L 2. OTHER MARKETER |
|--|--|
| (MARK ALL APPROPRIATE BOX(ES)) | ☐ 3. BURNER (INDICATE TYPE OF COMBUSTION DEVICE) TYPE OF COMBUSTION DEVICE |
| A. HAZARDOUS WASTE TRANSPORTERS (FOR TRANSPORTERS ONLY) | (MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH HAZARDOUS WASTE FUEL IS BURNED) |
| 1. TYPE OF TRANSPORTER (MARK APPROPRIATE BOX(ES)) | a. UTILITY BOILER |
| | ☐ b. INDUSTRIAL BOILER |
| 2. MODE OF TRANSPORTATION | ☐ c. INDUSTRIAL FURNACE ☐ d. OTHER (PLEASE SPECIFY): |
| □ a. AIR □ b. RAIL 🌠 c. HIGHWAY □ d. WATER □ e. OTHER Y | H. USED OIL FUEL ACTIVITIES (MARK APPROPRIATE BOXES) |
| B. HAZARDOUS WASTE GENERATOR | 1. GENERATOR MARKETING TO BURNER 2. OTHER MARKETER OF OFF-SPECIFICATION USED OIL |
| C. HAZARDOUS WASTE TREATMENT (NOTE: PERMIT MAY BE REQUIRED.) | SPECIFICATION USED OIL FUEL MARKETER WHO FIRST |
| D. HAZARDOUS WASTE STORAGE (NOTE: PERMIT MAY BE REQUIRED.) | CLAIMS USED OIL MEETS SPECIFICATIONS 4. BURNER OF OFF-SPECIFICATION USED OIL |
| YES NO E. HAZARDOUS WASTE DISPOSAL (NOTE: PERMIT MAY BE REQUIRED.) | (INDICATE TYPE OF COMBUSTION DEVICE) |
| YES NO | TYPE OF COMBUSTION DEVICE (MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICE |
| ☐ F. HAZARDOUS WASTE RECYCLER ☐ 1. On-site ☐ 2. Off-site | OFF-SPECIFICATIONS USED OIL IS BURNED) □ a. UTILITY BOILER |
| YES NO | ☐ b. INDUSTRIAL BOILER |
| G. MARKET OR BURN HAZARDOUS WASTE FUELS (MARK APPROPRIATE BOXES) | ☐ c. INDUSTRIAL FURNACE ☐ d. OTHER (PLEASE SPECIFY): |
| ☐ 1. GENERATOR MARKETING TO BURNER | SALTERIA DE CONTROL SACRA DE CARROLLA DE CONTROL DE LA CONTROL DE CONTROL DECENTROL DE CONTROL DE C |
| | SHORT IN CONTROL OF THE PROPERTY OF THE PROPER |
| 7. DESCRIPTION OF HAZARDOUS WASTE - WASTE COD | S THE REPORT OF THE STATE OF TH |
| | GODANIA OF AGRADAD DAY MADE A |
| A. LISTED HAZARDOUS WASTE (SEE 40 CFR 261.30-33) USE ADDITIONAL SHEET | |
| K K K K | F F F F F F F F F F F F F F F F F F F |
| P P P | U U U U |
| B. CHARACTERISTIC HAZARDOUS WASTE (SEE 40CFR 261.20-24) | |
| IGNITABLE FROM COMARK SPECIFIC CONTAMINANTS REL | nw·) |
| (D001) C D004 | D008 D012 D016 |
| CORROSIVE | D009 |
| REACTIVE D006 | D010 D014 |
| (D003) | D011 D015 |
| | B011 |
| C. OTHER WASTES (STATE OR NON-REGULATED WASTES REQUIRING AN ID NUMBER - S | SEE INSTRUCTIONS) |
| X 001 X 002 X X X | X OTHER (PLEASE SPECIFY) USE ADDITIONAL SHEETS IF NECESSARY |
| | USE AUDITIONAL SHEETS IF NECESSARY |
| 8. HAZARDOUS WASTE GENERATOR STATUS (COMP | LETE IF APPLICABLE) |
| (MARK ONE ONLY) DETERMINE MAXIMUM AMOUNT OF HAZARDOUS WASTE GENERATED IN | ANY ONE CALENDAR MONTH |
| • generate 2,200 or more pounds of hazardo | |
| FRG (Fully egenerate 2,200 or more pounds of spill clear egenerate more than 2.2 pounds of acutely | |
| | eanup debris containing an acutely hazardous waste |
| • accumulate, at any time, more than 2.2 por | unds of acutely hazardous waste on-site |
| • generate more than 220 pounds and less the | nan 2,200 pounds of hazardous waste |
| SQG (Quantity) • generate more than 220 pounds and less to | han 2,200 pounds of spill cleanup debris containing hazardous |
| Generator / waste • accumulate, at any time, more than a total | of 2,200 pounds of hazardous waste on-site |
| | The state of the s |
| • generate 220 pounds or less of hazardous • generate 220 pounds or less of spill cleanuments | |
| Generator / • generate 2.2 pounds or less of spiri cleant | |
| accumulate, at any time, up to 2,200 pound ANTE PROPOSE AS ASSESSED. | |
| (NOTE: RESPONSE IS OPTIONAL FOR CONDITIONALLY | EARINKI GENERATORS) |
| 9. CERTIFICATION SIGNATURE WALL | 4. July |
| | C 12 (C) |
| DAHNY E, PIPEK SAFETY S OCC NAME (please print or type) | OFFICIAL TITLE DATE SIGNED |
| I certify that the information provided herein and appe | |
| i dertify that the information provided fletent and appe | of making it a minimal offense for any some |

I certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information and belief. Title 18 U > S > C > 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false or fraudulent statements as to any matter within its jurisdiction.

| 131 | EPA | | TON OF HAZARD | | | | TIONS: If you received a preprinted |
|--------------|---------------------------------|--|---|--|--------------------|---------------------------|--|
| Т | NSTALLA- TON'S EPA D. NO. | | | | | information through it | x it in the space at left. If any of the on on the label is incorrect, draw a line t and supply the correct information |
| , N | AME OF IN- | | | | | complete | propriate section below. If the label is and correct, leave Items I, II, and III nk. If you did not receive a preprinted |
| T | NSTALLA- | | | | | label, com single site | nplete all items. "Installation" means a where hazardous waste is generated, |
| A A | AILING | PLEA | SE PLACE X ABEL | . IN THIS SPA | CE | porter's p | tored and/or disposed of, or a trans- rincipal place of business. Please refer STRUCTIONS FOR FILING NOTIFI- |
| III o | OCATION OF INSTAL- ATION | | | | | CATION information | before completing this form. The on requested herein is required by law 8010 of the Resource Conservation and |
| | OFFICIAL U | JSE ONLY | 张达文学的同样的 | | and the part | | Mar Balla College Coll |
| DI | ПП | THIT | co | MMENTS | | ПП | |
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| 56 | 000 | N CHAN | NEL AVE | UUE | | 45 | MAY 25 1990 |
| | | CITY | Y OR TOWN | | ST. ZII | CODE | 18 18 18 |
| 6 1 | ORTA | MD | | | 40 41 42 47 | 2// | ASTE MANAGEMENT BRANCH |
| IV. I | NSTALLAT | ION CONTACT | ND TITLE (last, first, & j | ob title) | | PHO | ONE NO. (area code & no.) |
| 2 F | LYNN | JACK | SAFETYS | SUPERV | ISOR | 50 | 3.285.7557 |
| V. O | WNERSHIP | | | | | 45 46 | 48 49 - 31 52 - 53 |
| ¥ € 1 | 100-11 | | A. NAME OF INSTAL | LATION'S LEGA | LOWNER | | |
| H 15 16 | OKTH | WES 1 17 | 1/HX/1/UE 1/1/ | KIUMI WO | KKS 2 | 144 | 55 |
| (ente | er the approprie | ate letter into box) | VI. TYPE OF HAZA | | | | in the appropriate box(es)) RTATION (complete item VII) |
| F | = FEDERAL = NON-FEI | | 37 | STORE/DISPOSE | 38 | | ROUND INJECTION |
| VII. | MODE OF T | RANSPORTATION TO SECTION SECTI | ON (transporters only | | 60 | | |
| | A. AIR | B. RAIL | C. HIGHWAY | D. WATER | E. OTHE | R (specify): | |
| | | SUBSEQUENT N | | installation (a first | estification of ho | andous wa | eta antivity or a subsequent notification |
| If this | s is not your fir | rst notification, ente | er your Installation's EPA | I.D. Number in the | space provided | below. | ste activity or a subsequent notification. |
| | A. FIRST | NOTIFICATION | B. SUBSEQUE | ENT NOTIFICATIO | ON (complete ite | m C) | C. INSTALLATION'S EPA I.D. NO. OR 0980665368 |
| | | N OF HAZARDO | OUS WASTES d provide the requested inf | formation | | | |

| | | | | 1.D FOR C | FFICIAL USE ONL | Y |
|--|----------------------------|--------------------------|------------------------------------|-------------------------|-------------------------|----------|
| | | | | W | | 7/A C |
| IX. DESCRIPTION OF | HAZARDOUS WAST | ES (continued from) | front) | | ALTERNATIVE L | |
| A. HAZARDOUS WASTES waste from non-specific | | | | n 40 CFR Part 261.31 | for each listed hazard | ous |
| 1 | 2 | 3 | 4 | 5 | 6 | |
| | | 3130000 | De Williams | | | |
| 23 - 26 | 23 - 26 | 23 . 28 | 23 - 26 | 23 - 26 | 23 - 26 | |
| 7 | 8 | 9 | 10 | 111 | 12 | |
| | 11 11 | | | | | |
| B. HAZARDOUS WASTES | FROM SPECIFIC SOUR | ICES. Enter the four-d | igit number from 40 CF | R Part 261.32 for each | h listed hazardous wa | ste from |
| specific industrial source | s your installation handle | s. Use additional sheets | if necessary. | | L | |
| 13 | 14 | 15 | 16 | 17 | 18 | |
| | | 10/20/2 | | | | |
| 19 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | |
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| 25 | 26 | 27 | 28 | 29 | 30 | |
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| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | |
| C. COMMERCIAL CHEMIC stance your installation h | | | | | .33 for each chemica | l sub- |
| 31 | 32 | 33 | 34 | 35 | 36 | D-DD |
| 11150 | 32 | | 11036 | | | 10,10 |
| 23 - 25 | U 1 0 5 | U 2 2 U | U 2 3 1 | 23 - 26 | 23 - 26 | - |
| 37 | 38 | 39 | 40 | 41 | 42 | HEW. |
| | | | | | Visid | Side |
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| 43 | 44 | 45 | 46 | 47 | 48 | A PARTY |
| | | | | | or Lab | 1 |
| D. LISTED INFECTIOUS V | VASTES. Enter the four- | -digit number from 40 | CFR Part 261.34 for ea | ch listed hazardous wa | ste from hospitals, ve | terinary |
| hospitals, medical and re | | | | | | and the |
| 49 | 30 | 51 | 52 | 53 | 54 | 13100 |
| | | | | | | 100 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 26 | 23 26 | The same |
| E. CHARACTERISTICS OF hazardous wastes your in | | | | esponding to the charac | cteristics of non-liste | d |
| □1. IGNITA | are T | 2. CORROSIVE | ☐3. REA | TIVE | M4. TOXIC | 1 |
| (D001) | | 002) | (D003) | | (D000) | Chief C |
| X. CERTIFICATION | | | | | | |
| I certify under penalt; | of law that I have | personally examined | and am familiar wit | h the information s | ubmitted in this a | nd all |
| attached documents, a | nd that based on my | inquiry of those ind | ividuals immediately | responsible for ob | taining the inform | ation, |
| I believe that the subm mitting false information | on, including the possi | bility of fine and imp | ompiete. 1 am aware prisonment. | inai inere are sign | ijicani penailies Jo | r sub- |
| SIGNATURE | | NAME & OFF | ICIAL TITLE (type or | print) | DATE SIGNED | |
| (#/ | | J.G. Fl | | | 4.00 | , |
| 1 | 7, | Safety S | Supervisor | | 11-7-8 | / |

EPA Form (700-12 (6-80) REVERSE



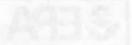
ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

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ACKNOWLEDGENESS OF WITH TOATION OF HAZANDOUS WASTE ACTIVITY OWN WITH ACTIVITY

This is to account out the address shown in the box below to comply with Section 3010 the first smallest majorated at the address shown in the box below to comply with Section 3010 at the first smallest majorated for a complete and first state of the first smallest majorated with the first smallest majorated and all shipping majorates for transporting majorated which the first smallest smallest smallest smallest resumenty that secure with the first smallest smallest white resumenty shows and depend on the first smallest majorated white majorated majorates and application of the first smallest smallest majorated white majorated management of particular transported the first smallest first smallest majorated majorates and applicated for the first smallest smallest majorated management of particular smallest required

STREET, DOOR

DESCRIPTION NUMBER OF

5555 I Channel Av Portland, or 97217

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CONTINUE ON REVERSE

EPA Form 8700-12 (6-80)

| SEPA | NOTIFICATION OF HAZARDOUS WASTE ACTIVITY INSTRUCTIONS: If you received a preprinted |
|---|--|
| INSTALLA- TION'S EPA I.D. NO. | label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the correct information. |
| L STALLATION | Dillingham Ship Repair Dome in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted |
| INSTALLA- TION II. MAILING ADDRESS | P.O. Box 4367 Portland, OR 97208 NOV 9 1001 Solution Post Post |
| LOCATION III. OF INSTAL- LATION | PROGRAM DEVELOPMENT SECTION the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act). |
| FOR OFFICIAL | USE ONLY |
| c | COMMENTS |
| C 15 16 | 55 |
| INSTALLATI | ON'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., w day) |
| FURLUM | |
| I. NAME OF INS | |
| DILLIN | GHAM SHIP REPAIR |
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| 15 16 | CITY OR TOWN ST. ZIP CODE |
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| III. LOCATION (| OF INSTALLATION |
| 55555 | N CHANNEL AVE |
| 15 16 | CITY OR TOWN ST. ZIP CODE |
| 6 PORTL | 40 41 42 47 - 51 |
| IV. INSTALLAT | NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.) |
| 2 HERWA | NDEZ SCOTT LOSS CONTROL 503-285-1111 |
| V. OWNERSHIP | |
| 8D1LL1 | NGHAM CORPORATION |
| enter the appropri | ownership of VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)) |
| F = FEDERA M = NON-FE | |
| VII. MODE OF T | TRANSPORTATION (transporters only - enter "X" in the appropriate box(es)) |
| A. AIR | B. RAIL C. HIGHWAY D. WATER E. OTHER (specify): |
| VIII. FIRST OR | SUBSEQUENT NOTIFICATION |
| Mark "X" in the ap- | propriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. irst notification, enter your Installation's EPA I.D. Number in the space provided below. |
| . una la not your II | C. INSTALLATION'S EPA I.D. NO. |
| A. FIRST | NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C) |
| | ON OF HAZARDOUS WASTES perse of this form and provide the requested information. |



| AZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous wester from non-specific sources your installation handles. Use additional steeds in recessary. AZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous wester from non-specific industrial covers your installation handles. Use additional sheets if necessary. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial covers your installation handles. Use additional sheets if necessary. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each histed hazardous waste from specific industrial covers your installation handles. Use additional sheets if necessary. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each histed hazardous waste from hospitals, weterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Mark "N" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. Use additional sheets if necessary. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "N" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. Use additional sheets if necessary. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "N" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. Use additional sheets if necessary. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "N | , | | | I.D FOR OF | FICIAL USE ONLY | |
|--|---|---|--|-------------------------------------|---|---------|
| ACADOUS WASTES FROM SINCE SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary. 13 | | | 7 | w N | T/ | A C |
| HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary. 1 | C. DESCRIPTION OF HAZARDO | OUS WASTES (continued fro | | | 13 14 | 15 |
| HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary. 14 | . HAZARDOUS WASTES FROM NOT waste from non-specific sources you | N—SPECIFIC SOURCES. Enter rinstallation handles. Use addition | the four-digit number from 40 ional sheets if necessary. |) CFR Part 261,31 fo | r each listed hazardous | |
| HAZAROUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary. 13 | 23 - 26 23 7 | 23 - 26 8 9 | 23 - 26 | 23 - 26 | 23 - 26 | 200 120 |
| 13) 18 22 23 24 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25 | HAZARDOUS WASTES FROM SPE | CIFIC SOURCES. Enter the fou | r-digit number from 40 CFR F | | | |
| Stance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31 | 23 - 26 19 23 - 26 25 223 23 - 26 23 - 26 23 - 26 | - 26 27 - 26 27 - 26 27 - 26 27 - 26 27 - 26 27 - 26 | 23 - 26 22 23 - 26 28 | 23 - 26 23 - 26 29 23 - 26 | 23 - 26 24 23 - 26 30 23 - 26 | |
| LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, weterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, weterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.) LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.31 to each list the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.) LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.31 to each list of the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.) LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.31 to each list of the characteristics of non—listed hazardous waste your installation handles. (See 40 CFR Parts 261.21 — 261.24.) LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.31 to each list of the characteristics of non—listed hazardous waste your installation handles. (See 40 CFR Parts 261.21 — 261.24.) LI | | | | m 40 CFR Part 261.3 | 3 for each chemical sub- | |
| hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary. 49 | 23 - 26 37 22 - 26 43 | 26 23 - 26 23 - 26 | 23 - 26 40 46 | 23 - 26 41 23 - 26 47 | 23 - 26 48 | |
| CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.) 1. IGNITABLE 2. CORROSIVE 3. REACTIVE 4. TOXIC (D001) 1. CERTIFICATION (D002) (D003) (D000) 2. CERTIFICATION (D003) (D000) 3. REACTIVE 4. TOXIC (D000) 4. TOXIC (D000) (D000) 6. CERTIFICATION (D000) (D000) 7. CERTIFICATION (D000) (D000) 8. CERTIFICATION (D000) (D000) (D000) 9. CERTIFICATION (D000) (D000) (D000) 1. IGNITABLE 2. CORROSIVE 3. REACTIVE 4. TOXIC (D000) 1. IGNITABLE 4. TOXIC (D000) (D000) (D000) 1. IGNITABLE 2. CORROSIVE 3. REACTIVE 4. TOXIC (D000) (D000) 2. CERTIFICATION (D000) (D000) (D000) (D000) 3. REACTIVE 4. TOXIC (D000) (| | | | | from hospitals, veterina | Bry |
| hazardous wastes your installation handles. (See 40 CFR Parts 261.21 – 261.24.) | 23 - 26 23 | - 26 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | |
| (D001) (D002) (D003) (D000) CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) DATE SIGNED | | | | inding to the characte | eristics of non-listed | |
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| | I certify under penalty of law to attached documents, and that ball believe that the submitted info | sed on my inquiry of those mation is true, accurate, an | individuals immediately red complete. I am aware th | sponsible for obta | ining the information | 2, |
| A Form 8700112 (6.80) REVERSE | Emm Browley | | | it) | | |